

IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE
WILMINGTON DIVISION

IN RE : MRA HOLDING CORP
CHAPTER : 11
CASE NO : 53-0101189 JJF
ACCT NO : 650546677

STATE OF FLORIDA
DEPARTMENT OF REVENUE

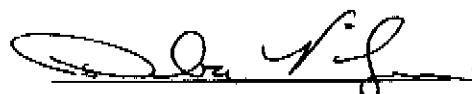
NOTICE OF WITHDRAWAL OF PROOF OF CLAIM

CLAIM AMOUNT : \$374.07
CLAIM DATE : 06/13/2001

Please withdraw our proof of claim filed by the Department of Revenue in the amount listed above.

WITHDRAWN CLAIM/DUPLICATE

SEPTEMBER 24, 2001



DEBRA PILGRIM
REVENUE SPECIALIST III
Bankruptcy Section
Florida Department of Revenue
Post Office Box 6668
Tallahassee, Florida 32314-6668
Phone (850) 921-2151

B10 (Official Form 10)
(Rev 5/91)

Claim Comment Text

COPY

United States Bankruptcy Court		PROOF OF CLAIM
/WILMINGTON District of DELAWARE		
In re (Name of Debtor) MRA HOLDING CORP		Case Number 01-01189 JJF
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or entity to whom the debtor owes money or property) State of Florida - Department of Revenue Name and Addresses Where Notices Should be Sent Bankruptcy Section Post Office Box 6668 Tallahassee, Florida 32314 - 6668 Telephone No. (850) 921 - 2151	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 65-0546677		Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes CORPORATE INCOME TAX <input type="checkbox"/> Other (Describe briefly)		
2. DATE DEBT WAS INCURRED: 3. IF COURT JUDGMENT, DATE OBTAINED: Your social security number _____ Unpaid compensations for services performed from _____ (date) to _____ (date)		
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> SECURED CLAIM \$ <u>0.00</u> Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges included in secured claim above, if any \$ _____ </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <u>174.07</u> Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$ 2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan — U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$ 900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(6) <input checked="" type="checkbox"/> Taxes or penalties of governmental units — 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other -- 11 U.S.C. §§ 507(a)(2), (a)(5) — (Describe briefly) </div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>200.00</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. </div>		
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ <u>200.00</u> (Unsecured) \$ <u>0.00</u> (Secured) \$ <u>174.07</u> (Priority) \$ <u>374.07</u> (Total)		
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 6/13/01	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <div style="display: flex; align-items: center;"> <div style="flex: 1;"> DAVID KELLY REVENUE SPECIALIST III </div> <div style="flex: 1; text-align: center;"> (850) 921-2151 </div> </div>	

<input checked="" type="checkbox"/> New Case	
<input type="checkbox"/> Prior Case	Out-of-State Case Code

[illegible]

Amended Claim: _____
Supersedes Claim for \$ _____
Dated _____
Adj. \$ _____

Date Prepared: 6/13/01 Prepared By: DK P & I Figured to: 4/02/01